

PROPOSED FFY 2016 Medicaid Hospice Rates with Penalty

(Rates for Hospice Providers who have not complied with quality data reporting requirements)

Montana and Out-of-State Providers									
Rev Code	Description	Daily Rate	Index	Wage Component Subject to Index	Non-Weighted	Wage Adjusted Rate	Total Rate	Hour	15 Min
651	Routine Home Care	\$ 158.91	0.9024	\$ 109.18	\$ 49.73	\$ 98.52	\$ 148.25		
652	Continuous Home Care	\$ 926.55	0.9024	\$ 636.63	\$ 289.92	\$ 574.49	\$ 864.41	\$ 36.02	\$ 9.00
655	Inpatient Respite Care	\$ 172.79	0.9024	\$ 93.53	\$ 79.26	\$ 84.40	\$ 163.66		
656	General Inpatient Care	\$ 705.93	0.9024	\$ 451.87	\$ 254.06	\$ 407.77	\$ 661.83		
659	Nursing Facility (Room and Board)	*Medicaid Nursing Facility Rate							
Billings/Yellowstone County									
Rev Code	Description	Daily Rate	Index	Wage Component Subject to Index	Non-Weighted	Wage Adjusted Rate	Total Rate	Hour	15 Min
651	Routine Home Care	\$ 158.91	0.8686	\$ 109.18	\$ 49.73	\$ 94.83	\$ 144.56		
652	Continuous Home Care	\$ 926.55	0.8686	\$ 636.63	\$ 289.92	\$ 552.98	\$ 842.90	\$ 35.12	\$ 8.78
655	Inpatient Respite Care	\$ 172.79	0.8686	\$ 93.53	\$ 79.26	\$ 81.24	\$ 160.50		
656	General Inpatient Care	\$ 705.93	0.8686	\$ 451.87	\$ 254.06	\$ 392.49	\$ 646.55		
659	Nursing Facility (Room and Board)	*Medicaid Nursing Facility Rate							
Great Falls/Cascade County									
Rev Code	Description	Daily Rate	Index	Wage Component Subject to Index	Non-Weighted	Wage Adjusted Rate	Total Rate	Hour	15 Min
651	Routine Home Care	\$ 158.91	0.9102	\$ 109.18	\$ 49.73	\$ 99.38	\$ 149.11		
652	Continuous Home Care	\$ 926.55	0.9102	\$ 636.63	\$ 289.92	\$ 579.46	\$ 869.38	\$ 36.22	\$ 9.06
655	Inpatient Respite Care	\$ 172.79	0.9102	\$ 93.53	\$ 79.26	\$ 85.13	\$ 164.39		
656	General Inpatient Care	\$ 705.93	0.9102	\$ 451.87	\$ 254.06	\$ 411.29	\$ 665.35		
659	Nursing Facility (Room and Board)	*Medicaid Nursing Facility Rate							

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Missoula/Missoula County									
Rev Code	Description	Daily Rate	Index	Wage Component Subject to Index	Non-Weighted	Wage Adjusted Rate	Total Rate	Hour	15 Min
651	Routine Home Care	\$ 158.91	0.886	\$ 109.18	\$ 49.73	\$ 96.73	\$ 146.46		
652	Continuous Home Care	\$ 926.55	0.886	\$ 636.63	\$ 289.92	\$ 564.05	\$ 853.97	\$ 35.58	\$ 8.90
655	Inpatient Respite Care	\$ 172.79	0.886	\$ 93.53	\$ 79.26	\$ 82.87	\$ 162.13		
656	General Inpatient Care	\$ 705.93	0.886	\$ 451.87	\$ 254.06	\$ 400.36	\$ 654.42		
659	Nursing Facility (Room and Board)	*Medicaid Nursing Facility Rate							
Carbon County									
Rev Code	Description	Daily Rate	Index	Wage Component Subject to Index	Non-Weighted	Wage Adjusted Rate	Total Routine Home Care Rate	Hour	15 Min
651	Routine Home Care	\$ 158.91	0.8686	\$ 109.18	\$ 49.73	\$ 94.83	\$ 144.56		
652	Continuous Home Care	\$ 926.55	0.8686	\$ 636.63	\$ 289.92	\$ 552.98	\$ 842.90	\$ 35.12	\$ 8.78
655	Inpatient Respite Care	\$ 172.79	0.8686	\$ 93.53	\$ 79.26	\$ 81.24	\$ 160.50		
656	General Inpatient Care	\$ 705.93	0.8686	\$ 451.87	\$ 254.06	\$ 392.49	\$ 646.55		
659	Nursing Facility (Room and Board)	*Medicaid Nursing Facility Rate							